



**Family Treatment Court Application**  
First Judicial District Family Treatment Court – Lewis and Clark County

**Application Date:** \_\_\_\_\_

**Referral Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant:**

Name (Last, First, Middle): \_\_\_\_\_ DOB: \_\_\_\_\_ SSN# \_\_\_\_\_

Alias(es): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Are you a US Citizen? YES / NO Primary Language: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Identifying Characteristics: \_\_\_\_\_

Marital Status:    Single    Cohabiting    Married    Common Law    Separated    Divorced    Widowed

Current living arrangement: (circle one)    Own    /    Rent    /    Hotel/Motel    /    Transitional Housing    /

With Friends/Relatives/Significant Other (not your own home)    /    Other: \_\_\_\_\_

**DN Information:**

DN Case Number(s): \_\_\_\_\_

Allegation(s): \_\_\_\_\_

Drug(s): \_\_\_\_\_ Child(ren)'s Removal Date: \_\_\_\_\_

CPS Worker(s): \_\_\_\_\_ County Attorney: \_\_\_\_\_

**Probation and Parole:**

Are you on Probation / Parole? YES / NO

Where are you reporting? \_\_\_\_\_ Who is your officer? \_\_\_\_\_

Do you have a history of probation violations? YES / NO If yes, what? \_\_\_\_\_

**Case Information:**

Eligible program change: \_\_\_\_\_ Related Case Number: \_\_\_\_\_

Offense(s) related to participation: \_\_\_\_\_

How many law enforcement contacts have you had? \_\_\_\_\_ Are you currently incarcerated? YES / NO

Have you ever been arrested? YES / NO If yes, list number of charges: Misdemeanors \_\_\_\_\_ Felonies \_\_\_\_\_

Have you ever been convicted of a crime? YES / NO If yes, list number of charges: Misdem. \_\_\_\_\_ Felonies \_\_\_\_\_

Are you wanted or have active warrants in any other jurisdiction? YES / NO If yes, for what charges and where? \_\_\_\_\_

Are you released on bond? YES / NO / Own Recognizance    Bond Amount: \$ \_\_\_\_\_

Have you ever been charged or convicted of a violent or sexual offense? YES / NO If yes, what? \_\_\_\_\_

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**Medical:**

Do you have current Medical Insurance coverage? YES / NO

Medical Insurance Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Have you had a medical conditions screening? YES / NO

Do you have any medical conditions? YES / NO If yes, what? \_\_\_\_\_

Do you have a medication intervention for substance abuse? YES / NO If yes, what? \_\_\_\_\_

Have you been prescribed any medication in the last 12 months? YES / NO

List your current medications and their purpose: \_\_\_\_\_

How many psychiatric medications are you taking? \_\_\_\_\_ Prescriber Name: \_\_\_\_\_

Previous medical history: \_\_\_\_\_

Have you been tested for HIV? YES / NO If yes, list test date: \_\_\_\_\_

Did you receive your results? YES / NO Were you provided any HIV Education? YES / NO

**Identification:**

Driver's License Status: (circle one) Current / Suspended / Revoked / No Driver's License

If you circled anything other than "No Driver's License," above, list DL Number: \_\_\_\_\_

Do you have a current State ID? YES / NO If yes, list State ID Number: \_\_\_\_\_

**Military History:**

Are you currently serving in the United States Armed Forces or Military? YES / NO

**Education:**

Did you receive a high school diploma or GED? YES / NO If yes, from where? \_\_\_\_\_

Graduation date: \_\_\_\_\_ (month and year)

Are you currently a student? YES / NO If yes, where? \_\_\_\_\_

Do you have a learning disability? YES / NO If yes, explain? \_\_\_\_\_

Do you have any other educational difficulties? YES / NO If yes, explain? \_\_\_\_\_

**Income:**

Primary source of income: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_

**Employment:**

Are you currently employed? YES NO

1) Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this job currently being held for you for any reason? YES / NO If so, why? \_\_\_\_\_

2) Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this job currently being held for you for any reason? YES / NO If so, why? \_\_\_\_\_

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**Skills:**

What kind of vocational skills do you have, if any? \_\_\_\_\_  
 \_\_\_\_\_

**Financial Information:**

**ASSETS:**

Cash on Hand \$ \_\_\_\_\_  
 Checking Acct. Balance \$ \_\_\_\_\_  
 Savings Acct. Balance \$ \_\_\_\_\_  
 Value of Owned Vehicles \$ \_\_\_\_\_  
 Life Insurance \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**LIABILITES:**

Public Utility Debt \$ \_\_\_\_\_  
 Personal Property \$ \_\_\_\_\_  
 Mortgage(s) \$ \_\_\_\_\_  
 Other Loans \$ \_\_\_\_\_  
 Other Debt \$ \_\_\_\_\_

**MONTHLY INCOME:**

\$ \_\_\_\_\_

**MONTHLY EXPENSES:**

Rent \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Court Payments \$ \_\_\_\_\_

**TOTAL ASSETS \$ \_\_\_\_\_**

**TOTAL LIABILITES \$ \_\_\_\_\_**

**TOTAL \$ \_\_\_\_\_**

Are you currently receiving any Public Assistance? YES / NO If yes, when did you start receiving it? \_\_\_\_\_

Indicate the following benefits you are currently receiving:

\_\_\_\_ None      \_\_\_\_ WIC      \_\_\_\_ Child Support      \_\_\_\_ SNAP  
 \_\_\_\_ TANF      \_\_\_\_ SSI/SSD      \_\_\_\_ Medicaid      \_\_\_\_ VA Assistance  
 \_\_\_\_ Voc. Rehab      \_\_\_\_ Housing Assist.      \_\_\_\_ LIEAP      \_\_\_\_ Unemployment

Other Assistance: \_\_\_\_\_

**Substance Use/Abuse History:**

Are you currently receiving substance abuse treatment? YES / NO

If yes, where? \_\_\_\_\_

Have you ever received substance abuse treatment? YES / NO If yes, when? \_\_\_\_\_

Primary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_ When did you last use? \_\_\_\_\_  
 Amount: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_

Secondary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_ When did you last use? \_\_\_\_\_  
 Amount: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_

Tertiary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_ When did you last use? \_\_\_\_\_  
 Amount: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_

Quaternary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_ When did you last use? \_\_\_\_\_  
 Amount: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_

Have you ever used drugs intravenously? YES / NO

What is your perspective of your drug problem? No Problem / Mild / Moderate / Severe

What are your main triggers to continue using drugs? \_\_\_\_\_  
 \_\_\_\_\_

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**Contact:**

Name of Reference/Contact Person in the Community: \_\_\_\_\_

Company/Business (if applicable): \_\_\_\_\_

**Family Information:**

Are either of your parents alive? YES / NO

\_\_\_\_\_  
Name Relationship to you Where they live

\_\_\_\_\_  
Name Relationship to you Where they live

\_\_\_\_\_  
Name Relationship to you Where they live

Do you have any siblings? YES / NO

If yes, list their name(s) and where they live \_\_\_\_\_

With what family member(s) are you most in contact with? \_\_\_\_\_

Can they be contacted? List address and/or phone: \_\_\_\_\_

Would any of your family members be willing to participate with your treatment? YES / NO

**Child/Dependent Information:**

Child 1

\_\_\_\_\_  
Child's Name Date of Birth Mother Father

Who has custody of this child? \_\_\_\_\_ Where does this child live? \_\_\_\_\_

DN Case Number: \_\_\_\_\_ Presiding Judge: \_\_\_\_\_

Child 2

\_\_\_\_\_  
Child's Name Date of Birth Mother Father

Who has custody of this child? \_\_\_\_\_ Where does this child live? \_\_\_\_\_

DN Case Number: \_\_\_\_\_ Presiding Judge: \_\_\_\_\_

Child 3

\_\_\_\_\_  
Child's Name Date of Birth Mother Father

Who has custody of this child? \_\_\_\_\_ Where does this child live? \_\_\_\_\_

DN Case Number: \_\_\_\_\_ Presiding Judge: \_\_\_\_\_

Child 4

\_\_\_\_\_  
Child's Name Date of Birth Mother Father

Who has custody of this child? \_\_\_\_\_ Where does this child live? \_\_\_\_\_

DN Case Number: \_\_\_\_\_ Presiding Judge: \_\_\_\_\_

**Reason(s) for Application:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

